## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	0 -	160	Report Filed B	y Candida	te 📗	Committee		Lobbyist	
Number		OOYO (Mark X)							
Name of Filing Committee, Candidate or Lobbyist			Comm	2001/ 5 200	CI.	- 14	. Fettermo	(h	
Street Address		V C I	542	z .St	erre Ha	mo-			
City			ril	State	Pa	Zip Code	16506		
Type of Report (Place	e x under r	report type)					Vally 100000 November 1000000		
1-6 <sup>th</sup> Tuesday 2- 2		A CONTRACTOR OF THE PROPERTY O		5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
Pre-Primary Pre-	-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Ejection	
			Voca		Amendment		Termination		
Date Of Election (MM/DD/YYYY)			Year		Report		Report		
Summary of Receipt	s and	From Date	To Date			For	Office Use Only		
Expenditures		10 11/2	11.2	7.17					
A. Amount Brought	Forward F	rom Last Repor	11-2				-		
			11/4	34.24			VOT	2017	
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$ 100	00.00	I		E E	7 DEC	
C. Total Funds Availa	able		2	-1			20m		
(Sum of Lines A and			8434.24					-7	
D. Total Expenditure (From Schedule III)	es		8285.42						
E. Ending Cash Balar			8	10 (1)-	7 7 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(Subtract Line D from F. Value of In-Kind C		ne Roceived	8 /9	18.87	AM 9: 09				
(From Schedule II)	ontributio	Jiis Neceiveu	1º- C	) —	2 0				
G. Unpaid Debts and	d Obligatio	ons	8	) -	1				
(From Schedule IV)				Affidavit Se	ction				
Part 1- If this is a Comm	nittee repo	rt, treasurer sign h	ere. If this is a Ca	ndidate report, c	andidate sign here.	das and ballof t	rue correct and comple	ato.	
I swear (or alfirm) that Sworn,to and subscribe			iched schedules o	n paper, is to the	Dest of my knowle	oge and benef t	rue, correct and comple	:te.	
1 6th 0	cember				Lua 1	otte			
day of O		72 11		-	Signature	of Person Subr	nitting report	<del></del>	
	ature				VANIALSA F	Printed Nan			
	Mari	22 202	NOTAR Requeline R. Ba Millcreek Tw	allay, Notary P	ublic	L	190-0528		
My Commission expire	MO.	DAY MK	Commission E	xpires May 22	A24200d		ytime Telephone Numb	er	
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES									
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as									
amended.									
Sworn to and subscribed before me this									
6th day of December 20 /									
Cacqueline R. Palay. Signature of Candidate									
Signature Printed Name									
My Commission expires May 22 2020 434 2459									
,	MO. I DAY NOTARIAL SEAL Daytime Telephone Number								
Jacqueline R. Ballay, Notary Public Millcreek Twp., Erie County									
My Commission Expires May 22, 2020									
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES									

#### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	Later Control	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	L)	\$ 0
2. Contributions Over \$250.00 (From A and Part B)		
Contributions Received from Political Committees (Part A)		\$ - 0 -
All Other Contributions (Part D)		\$ -0-
Total for the reporting period (2	2)	\$
3. Contributions Over \$250.00 (From C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0-
All Other Contributions (Part D)		\$ 1,000 00
Total for the reporting period (3	3)	\$ 1,000
4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4	4)	\$ 1,000.00
Total Monetary Contributions and Receipts during this reporting period (add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on page 1, report cover page, item b)		\$

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	20170040			
			Date [MM/DD/YYYY]	\$
Name of contributor	ter Fedo	rko, Ir	11/01/2017	1,000.00
Mailing Address	2500 South	shore An	Date [MM/DD/YYYY]	\$
City	State Po	Zip Code / 6 3	Date [MM/DD/YYYY]	\$
Employer Name		1,111,140,140	Occupation	155.0
Employer Mailing Address / Principal Place of Business				
Name of contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	Ш
Employer Mailing Address / Principal Place of Business				
Name of contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	85.
Employer Mailing Address / Principal Place of Business				
Name of contributor			Date [MM/DD/YYYY]	- \$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	

Employer Mailing Address / Principal Place of Business

## Statement of Expenditures

	CONTRACTOR OF THE PARTY OF THE	
Filer Identification Number:	20170040	

To Whom Paid	0	,				Date [MM/DD/YYYY] \$	2110 00	
	Copy K	ling				10/26/2017	349.80	
Mailing Address	1162 11	Jest	84			Description of Expenditure		
City	nie	State	Pa	Zip Code	16502	Folding U	eters	
To Whom Paid	Connois	Seur	Med	lia U	-C	Date [MM/DD/YYYY] \$	914.60	
Mailing Address	One Bus		-	0.		Description of Expenditure		
City	ü	State	fa	Zip Code	16501	Radio A.	ds .	
To Whom Paid	US Post	Offi	A			Date [MM/DD/YYYY] \$	1197.69	
Mailing Address	2108					Description of Expenditure	-558	
City	rie	State	Pa	Zip Code	16515	Mailing		
To Whom Paid	US P	st	office			Date [MM/DD/YYYY] \$	187.58	
Mailing Address	210	) y E.	38	2	100	Description of Expenditure	FS59	
City	Eru	State	Pa	Zip Code	16515	Mailing	etter	
To Whom Paid						Date [MM/DD/YYYY] \$		
	WCT					10/31/2017	330.00	
Mailing Address		1	ach S	+		Description of Expenditure		
Mailing Address	WCTO 10912 lenford	1	ach S	Zip Code	16441	Pescription of Expenditure	560 fd	
Mailing Address	10912 lenford	State	ach S	Zip	[[4]   ]	Description of Expenditure  Radio  Date [MM/DD/YYYY] \$	560 Hd 1389.75	
Mailing Address  City Wa	10912	State	Pa	Zip Code	16441	Description of Expenditure  Radio  Date [MM/DD/YYYY] \$  11 0 2017  Description of Expenditure	560 Hd 1389.75	
Mailing Address  City  To Whom Paid  Mailing Address	10912 lenford W10	State	Pa	Zip Code	16508	Description of Expenditure  Radio  Date [MM/DD/YYYY] \$  11 0 2017  Description of Expenditure	560 1d 1389.75	
Mailing Address  City  To Whom Paid  Mailing Address	10912 lenford W10 3514	State State	Pa ate s Pa	Zip Code		Description of Expenditure  Radio  Date [MM/DD/YYYY] \$  11 01 2017  Description of Expenditure  TV Ad  Date [MM/DD/YYYY] \$	560 1389.75 \$561 1207.00	
Mailing Address  City  To Whom Paid  Mailing Address  City  E	10912 lenford W10 3514	State State	Pa ate s Pa	Zip Code	16508	Description of Expenditure  Radio  Date [MM/DD/YYYY] \$  Description of Expenditure  TV Ad  Date [MM/DD/YYYY] \$	560 1389.75 \$561 1207.00	
Mailing Address  City  To Whom Paid  Mailing Address  City  To Whom Paid  Mailing Address	10912 lenford W10 3514 iei W2 ONE BO	State State	Pa ate s Pa	Zip Code	16508	Description of Expenditure  Radio  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure	1389.75 + 561 1207.00 + 562 Ad	
Mailing Address  City  To Whom Paid  Mailing Address  City  To Whom Paid  Mailing Address	10912 lenford WIG 3514 in ONE BO	State  State  State  State  State	Pa ate s Pa Store Pa	Zip Code  Zip Code	(6508	Date [MM/DD/YYYY] \$	1389.75 +561 1207.00 +562 Ad 480.00	
Mailing Address  City  To Whom Paid  Mailing Address  City  To Whom Paid  Mailing Address  City  City  Experiment of the paid	10912 lenford W10 3514 iei W2 ONE BO	State  State  State  State  State	Pa ate s Pa Store	Zip Code  Zip Code	(6508	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Description of Expenditure  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Description of Expenditure  Date [MM/DD/YYYY]  Description of Expenditure	1389.75 +561 1207.00 +562 Ad 480.00	
Mailing Address  City  To Whom Paid  Mailing Address  City  To Whom Paid  Mailing Address  City  To Whom Paid	10912 lenford WIG 3514 iei ONE BO	State  State  State  State  State	Pa ate s Pa Stoce Pa	Zip Code  Zip Code	(6508	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Description of Expenditure  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Description of Expenditure  Date [MM/DD/YYYY]  Description of Expenditure	1389.75 + 561 1207.00 + 562 Ad + 563	

# Statement of Expenditures

START THE THE PERSON NAMED IN THE PERSON OF	
Filer Identification Number:	
The lucitimation wanter.	

To Whom Paid			New York Control of the Control		Date [MM/DD/YYYY]   \$	
10 Wildill Falu	~ 1	1	1.7		/ /	700.00
	Char	les Weine			11/07/2017	
House # 3554	Street Address	anne Ma			Description of Expenditure	U.c
					Mailing of Le	TKN
City	re	State \	Zip Code	6506	# 564	t
To Whom Paid	8 14 2				Date [MM/DD/YYYY]   \$	
	Odis				11/07/2017	430.87
House # 3708	Street Address	Nest 12th			Description of Expenditure	on Party
City	ne	State Pa	Zip Code	16505	# 56 5	1
To Whom Paid			A STATE OF THE PARTY OF THE PAR		Date [MM/DD/YYYY]   \$	
		Eterman			11/09/2017 Description of Expenditure	618.13
House # 5422	Street Address	Sterretto	ma		Description of Expenditure	26
City	il	State Ca	Zip Code	16506	RéimBuse	
To Whom Paid				THE RESERVE OF THE PERSON	Date [MM/DD/YYYY]   \$	
	Senoir	News			12/05/2017	480.00
House #	Street Address	0. 0	3056		Description of Expenditure	567
City	ne	State Pa	Zip Code	1628	Newsporce	1 A.L -NOV
To Whom Paid		1/		1230	Date [MM/DD/YYYY]   \$	The same of the sa
10 111101111 a.u.						
House #	Street Address				Description of Expenditure	
House #	Street Address				Docomption of Experiance	
City		State	Zip			
			Code			
To Whom Paid					Date [MM/DD/YYYY] 8	
House #	Street Address				Description of Expenditure	
City		State	Zip			
Oity		diale	Code			
To Whom Paid			·		Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
			1 31			
City		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY] 8	
House #	Street Address				Description of Expenditure	
		Y				
City		State	Zip Code			
	and the second s		Control of the last of the las	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	AMERICAN STREET, STREE	The state of the s